

TRANSMITTAL FORM

Attorney Docket No.

1821P

143
JULYIn re the application **Natalio**Confirmation No: **8451**Serial No: **09/905,118**Group Art Unit: **2143**

Filed: July 13, 2001

Examiner: **Jean Gilles, Jude**For: **Method to Distribute Information In An Airport**

ENCLOSURES (check all that apply)					
<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	<input type="checkbox"/> After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Notice of Appeal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Brief
<input type="checkbox"/>	<input type="checkbox"/> Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	<input type="checkbox"/> (X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input checked="" type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for two month(s), From March 1, 2005 to April 30, 2005.			
<input type="checkbox"/>	<input type="checkbox"/> Executed Declaration by Inventor(s)				

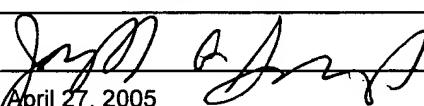
CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	31	28	3	\$ 25.00	\$ 75.00
Independent Claims	5	5	0	\$100.00	\$ 0.00
				Total Fees	\$ 75.00

METHOD OF PAYMENT

<input checked="" type="checkbox"/>	Check no. <u>08631</u> in the amount of \$ <u>300.00</u> is enclosed for payment of fees extra independent claims (\$75) and two month extension (\$225)
<input type="checkbox"/>	Charge \$ <u> </u> to Deposit Account No. <u> </u> (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <u>02-2120</u> (Sawyer Law Group)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Joseph A. Sawyer, Jr., Reg. No. 30,801	00000029 09905118
Signature		
Date	April 27, 2005	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on April 27, 2005

Type or printed name Saundra D. HunterSignature S. Hunter

05/03/2005 NGUYEN

225.00

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